

STATEMENT OF EXPENSES	NAME: <u>BETTY KRIK</u>	# <u>      </u>
-----------------------	-------------------------	-----------------

Name (print) BETTY KRIK

Office (if applicable) \_\_\_\_\_

District (if applicable) \_\_\_\_\_

**Expense Categories**

EXPENSE CATEGORIES	
Office expenses 000	A
Expenses related to volunteers	B
Expenses related to travel 000	C
Expenses related to advertising 000	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses 000	J

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

<b>CAMPAIGN EXPENSES</b>	<b>Report Period</b>	<b>#</b>
--------------------------	----------------------	----------

BETTY KRUK

Name (print)

Office (if applicable)

District (if applicable)

**Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY OF EXPENSE	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
There were no expenses after the second filing.			

This page may be copied or duplicated if additional space is needed.